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**TB CARE I**

# **TB CARE I-Nigeria (COP)**

**Year 1  
Quarterly Report  
October-December 2011**

**January 30, 2012**

## Quarterly Overview - COP

<b>Reporting Country</b>	<b>Nigeria-COP</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	<b>FHI, MSH, WHO</b>
<b>Date Report Sent</b>	
<b>From</b>	KNCV CO
<b>To</b>	Temitayo Odusote
<b>Reporting Period</b>	<b>October-December 2011</b>

<b>Technical Areas</b>	<b>% Completion</b>
3. Infection Control	75%
4. PMDT	69%
5. TB/HIV	40%
6. Health Systems Strengthening	69%
7. M&E, OR and Surveillance	55%
<b>Overall work plan completion</b>	<b>61%</b>

### Most Significant Achievements

During the quarter under reporting the in-country ILEP partners have started with the renovations for the remaining clinics to which they will expand TB/HIV collaborative activities. The training materials were earlier developed under this work plan. Within the OP workplan budget was allocated for the printing of the participants modules as well as facilitators guides for both the training on TB/HIV collaborative activities as well as training on HIV counseling and testing for DOTS staff. The printed documents were handed over to the NTBLCP as well as ILEP partners.

### Overall work plan implementation status

The overall workplan implementation status is 62%. The workplan was initially designed for 5 quarters of which 3 have concluded.

### Technical and administrative challenges

There is need for close collaboration with the National HIV AIDS Programme to ensure availability of HIV test kits. For future work plans (COP12) a back up plan for procurement of additional HIV test kits has to be included. This back up can ensure a continuous supply of test kits also to TB DOTS clinics. The USAID team is also looking at the shortage of testkits. On Friday January 27th the National TB/HIV Working Group will look into this recurrent problem again.

## Quarterly Technical Outcome Report - COP

Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
3.1	Increased number of facilities implementing	Number of facilities implementing infection control measures	Number of facilities implementing infection control measures	50	150		Staff from 14 health facilities in Sokoto, Zamfara and Nassarawa states were trained on IC measures during the quarter.	
3.2	Improved personal protection of staff at the MDR Treatment Center	Proportion of staff working at the MDR Treatment Center wearing respirators	Numerator: Number of staff wearing respirators Denominator: Total number of staff working in the MDR Treatment Center	NA	100%		The supervisory visits to the site to ascertain data is yet to be undertaken	

Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
4.1	Increased capacity at the MDR Treatment Center	Number of staff trained	Number of staff trained (disaggregated by gender, training and cadre)	NA	33	32	3 Nurses were trained during the quarter on SPSS.	
4.2	Increased support provided for patients on MDR Treatment	Number of MDR patients on MDR treatment receiving support	Number of MDR patients on MDR treatment receiving medical and socioeconomic support	23	50	48	A total of 13 patients were put on treatment during the quarter (M=9; F=4). Please note that total bed capacity in UCH is 25 and enrolment is based on available secondline drugs.	

Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
5.1	Reduced burden of HIV among TB patients	Proportion of registered TB patients tested for HIV	Numerator: Number of registered TB patients tested for HIV Denominator: Total number of registered TB patients	86%	90%	85.2%	A total of 1,109 TB patients were tested (M=639; F=470) for HIV during the quarter.	Data for the quarter is not for all the states. The zonal review meetings are scheduled for Jan 24th-25th. An update will be sent later.
		Proportion of dually infected patients receiving CPT	Numerator: Number of dually infected patients receiving CPT Denominator: Total number of dually infected patients	48%	70%	46%	Only 31.3% (106) of co-infected patients accessed CPT during the quarter of total patients co-infected (339)	Data for the quarter is not for all the states . The zonal review meetings are scheduled for Jan 24th-25th. An update will be sent later.
		Proportion of dually infected patients on ART	Numerator: Number of dually infected patients on ART Denominator: Total number of dually infected patients	39%	60%	39.5%	61.4% (208) of co infected patients accessed ART during the quarter	Data for the quarter is not for all the states . The zonal review meetings are scheduled for Jan 24th-25th. An update will be sent later.
	Custom Mission Indicator	Number of service outlets providing treatment for TB to HIV infected individuals (diagnosed or presumed) in a palliative care		226	234	282	A total of 282 facilities spread across 26 states are currently supported by TBCARE I for provision of TB/HIV services	
	Custom Mission Indicator	Number of individuals who received C&T for HIV and received their test results at a USG supported TB service outlet (including		30,507	38,000	39,541	A total of 4216 (M=2222; F=1994) persons were tested of 5128 (M=2726;F=2402) who accessed HIV services during the quarter representing 82.2%	Data for the quarter is not for all the states . The zonal review meetings are scheduled for Jan 24th-25th. An update will be sent later.
	Custom Mission Indicator	Number of persons trained to provide treatment for TB to HIV infected individuals (diagnosed or presumed)		NA	656	693	A total of 280 (M=255; F=25) persons were trained on TB and TB/HIV collaborative activities during the quarter. Additionally 314 person were trained on Infection control measures (M=256; F=58)	
	Custom Mission Indicator	Number of TB suspects counseled for HIV		32,355	30,000	38,339	A total of 3931 (M=2033; F=1898) TB suspects were counseled for HIV during the quarter	Data for the quarter is not for all the states. The zonal review meetings are scheduled for Jan 24th-25th. An update will be sent later.

	Custom Mission Indicator	Number of TB patients counseled for HIV		12,330	13,000	11,671	A total of 1197 TB patients (M=693; F=504) were counseled for HIV during the quarter	Data for the quarter is not for all the states . The zonal review meetings are scheduled for Jan 24th-25th. An update will be sent later.
	Custom Mission Indicator	Number of TB suspects who are HIV positive		4,343	5,000	4,995	A total of 776 TB suspects tested positive for HIV during the quarter (M=353; F=423)	Data for the quarter is not for all the states . The zonal review meetings are scheduled for Jan 24th-25th. An update will be sent later.
	Custom Mission Indicator	Number of TB patients who are HIV positive		2667	4,000	2,472	A total of 339 TB patients tested positive for HIV during the quarter (M=162; F=177)	Data for the quarter is not for all the states . The zonal review meetings are scheduled for Jan 24th-25th. An update will be sent later.

#### Technical Area 6. Health Systems Strengtheni

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
6.1	Improved infrastructure for service delivery	Number of DOTS clinics renovated	96	150	45 (clinic 23; lab 22)	A total of 52 clinics and 30 laboratories were renovated during the quarter	The remaining labs will be renovated by ILEP the coming quarter.
6.2	Enhanced diagnostic services	Number of lab equipment functional (microscopes/GeneXpert)	48	80	28	23 Microscopes and 5 geneXpert machines have been installed	The remaining 52 microscopes will be installed as soon as the renovations have been finished.












#### Technical Area 7. M&E, OR and Surveillance












Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
7.1	Improved quality of TB/HIV data	Proportion of sites reporting valid TB/HIV data Numerator: Number of sites reporting valid TB/HIV data Denominator: Total number of sites visited for DQA	NA	80%		A meeting was held at the TBCARE I office to collate the report. The report is yet to be finalized	

## Quarterly Activity Plan Report - COP

3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes					Month	Year		
3.1 Increased number of facilities implementing IC activities	3.1.1	Organize 1-day IC training at facility level	KNCV	99,000	50%	Mar	2012	TLMN during quarter provided a total of 272 health providers (M:229 F:43) from 12 health facilities in Sokoto and Zamfara states with one-day facility based training on TB infection control (TBIC) according to National guidelines from October 24-28, 2011. Likewise NLR during the Quarter conducted infection control training in 2 facilities in Nasarawa state. From the states, a total of 42 persons were trained made up of 27 Males and 15 females. The training helped to equip facility management and health workers with the appropriate knowledge and necessary skills on TB Infection control and how to implement their facility specific TB infection control plan. The USAID donated Olympus microscopes were also handed over to designated laboratories and the training afforded the opportunity to constitute infection control committees in most of the health facilities.
3.2 Improved personal protection of staff at the MDR Treatment Center	3.2.1	Procurement of auxiliary drugs and respirators	KNCV	9,203	100%	Jul	2011	TBCARE I budget for this activity has been utilized, but DFB is still funding the procurement of these items.
				75%				







		4. PMDT					Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes			Lead Partner	Approved Budget		Cumulative Completion	Month	Year	
4.1 Increased capacity at the MDR Treatment Center	4.1.1	Refresher training for nurses at UCH	KNCV	1,841	<div><div></div></div>	100%	Sep	2011	During the quarter DFB organized a 2-day training for Nurses working in the MDR TB ward at the University College Hospital (UCH) Ibadan from 19th to 20th September. The purpose of the training was to Introduce the nurses to current updates in clinical management of MDR TB and re-emphasize infection control measures. Topics discussed include treatment of multidrug resistant TB, adverse reactions to 2nd line anti TB drugs/common adverse events in UCH MDR treatment centre, monitoring of MDR TB patients, reporting and recording system in MDR TB, MDR TB, Infection Control, etc. A major challenge noted is the short duration allocated due to the depth and volume of information that needs to be passed on. It was recommended that refreshers be done quarterly. In all, 18 nurses were trained (M=1; F=17).







	4.1.2	Training GOPD MOs on management of MDR TB at UCH	KNCV	515		100%	Sep	 2011	Training was conducted for the resident doctors working in the chest unit on the management of MDR TB at UCH. The training took place from September 23 - 24, 2011. The training has as its objectives: 1) To learn the basic concept of MDR TB 2) To know the mechanism of drug resistance TB 3) To know how to MDR TB management 4) To know about current issues on MDR TB management 5) To learn from pilot experiences in MDR TB treatment centre UCH Ibadan and 6) To learn about infection control measure in MDR TB treatment centre. A total of 5 doctors (M=1; F=4) were trained. The training methodology consisted of shared day to day experiences with some of the patients from the infectious ward; practical learning and best method approach in the management of MDR TB patients; feedback from the patient on their understanding of MDR TB. Recommendations from the training include the suggestion to increase the number of participants so that more people can benefit.
	4.1.3	Training ward mates on MDR TB and IC at UCH	KNCV	243		100%	Sep	 2011	During the reporting quarter, training was conducted for ward mates on MDR TB and Infection Control. The training took place at UCH on September 15, 2011 and was aimed at helping participants 1) To understand the basic concept of MDR TB; 2) To know the universal precaution 3) To understand infection control measure in DR TB Treatment centre. In all, 9 participants were trained (3 ward maids and 6 hospital assistants, all females. A major challenge was the shortness of time (1 day). It was recommended to conduct refreshers quarterly.
	4.1.4	Support study tour for staff working in UCH MDR TB ward	KNCV	38,595		0%	Mar	2012	This activity has not yet taken place. Will be planned for the coming quarter.
	4.1.5	Support training on SPSS software for nurses	KNCV	154		100%	Aug	 2011	Training was organised for 3 female nurses on SPSS software on 24th of December 2011, in UCH MDR TB Treatment Centre. The training was aimed at introducing the nurses the nurses to e-data management and basic analysis using SPSS. The following topics were covered: Introduction to computer, MS word, MS Excel, SPSS and nurse role in e-data management and practical session was organised. It is expected that after training, the nurses will be able to use electronic data management and to be able to compile and analyse the data and eventually use e-data register.
4.2 Increased support provided for patients on MDR Treatment	4.2.1	Support transportation MDR TB patients plus 1 family member	KNCV	3,041		75%	Dec	 2011	16 patients were discharged during the quarter and transport provided for the patient and a family member back to their respective communities.
	4.2.2	Support baseline and monitoring investigations for MDR TB patients	KNCV	24,324		75%	Dec	 2011	Baseline investigations were done for all 13 patients on admission for intensive phase during the quarter. The investigations conducted included CXR and full blood count while some patients needed to repeat investigations including CXR, serum potassium and creatinin as indicated. Other baseline and monitoring investigations like audiometry evaluation, complete blood count, liver, renal and thyroid fuction tests would be done in the next quarter.


4.2.3	Feeding of MDR TB patients on admission	KNCV	91,216	 75%	Dec	 2011	14 patients were admitted and provided with food throughout this quarter, though one patient was re-admitted due to flooding in Ibadan that affected her house and properties.
4.2.4	Social support for MDR TB patients on discharge	KNCV	6,081	 0%	Dec	 2011	The social support costs will be used on request of the patients who were discharged. This will be decided on an individual basis. For now the situation of the patient who was readmitted due to the flooding of her house will be assessed for possible support.
4.2.5	Support for transport of sputum for culture	KNCV	30,831	 75%	Dec	 2011	Sputa samples were sent for 24 patients on continuation phase that were due for two monthly sputum culture during the quarter.
4.2.6	Quarterly monitoring visits from MDR Treatment Centre to patients after discharge	KNCV	13,751	 75%	Dec	 2011	40 patients on continuation phase were visited this quarter by medical team from MDR TB treatment centre (DR TB Medical Officer and DR TB Nurses) during the quarter in 12 States (Oyo, Osun, Lagos, Ekiti, FCT, Nasarawa, Bauchi, Benue, Abia, Anambra). The purpose of the visits were to follow up on patients' treatment adherence, investigations, challenges faced by the TBLS and to provide technical support to the state TBLS. Health education and counselling were provided for all the patients. Findings from the visit indicate that some patients have lost their jobs hence they do not have money to feed themselves, pay transport fare to the DOT facilities and could not pay their house rent. Many TBLS do not visit their patients at home because there is no money allocated for their transport. The current approach is under review with the NTBLCP and IHVN (Principal Recipient Global Fund).
4.2.7	Support routine MDR surveillance	KNCV	2,270	 50%	Dec	 2011	Sputa sample for follow up of 18 patients were sent this quarter to UCH Laboratory for culture.
				 69%			



Outcomes	5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion Month Year		Cumulative Progress and Deliverables up-to-date
5.1 Reduced burden of HIV among TB patients	5.1.1	Support QMs of subcommittees of the National TB/HIV Working Group	WHO	11,376	25%	Jan	2012	The National meeting of the TB/HIV Working Group was held on September 26th with participating sub committee members. Key issues discussed during the meeting include: stock out of HIV test kits and cotrimoxazole currently experienced on the field and the way forward; ART decentralization processes to PHC clinics with DOTS services; reports of state level joint TB/HIV supervisions (task team supervision) which was found to be suboptimal in most states; suboptimal documentation of TB/HIV services observed on the field; low uptake of IPT among PLHIV; procurement of Iled microscopy; quantification of Rifabutin requirement at National amongst other levels. Key resolutions at the meeting include (1) NASCP to follow up on the HIV test kits been procured by FMOH to ensure that it arrives the country in November 2011 as planned (2) NASCP should source for support from partners for emergency procurement of test kits to fill the current gap (3) NASCP to organize national IPT stakeholders meeting in collaboration with NTBLCP, the programme to adequately prepare for the meeting (4) NTBLCP to take an inventory of laboratories with Iled microscopes in the country to enhance proper coordination, distribution of reagents and further scale up (5) NTBLCP should coordinate logistics for Rifabutin distribution in collaboration with IPs.
	5.1.2	Support National TB/HIV Task Team	KNCV	62,162	0%	Dec	2011	This activity has to be planned with the NTBLCP.
	5.1.3	Support end term evaluation of National TB/HIV Strategic Framework	WHO	36,824	0%	Mar	2012	The activity is planned to place Q1 2012
	5.1.4	Support development of new TB/HIV Strategic Framework	WHO	32,006	0%	Mar	2012	The activity is planned to place Q1 2012.
	5.1.5	Review TB/HIV and HCT training modules	KNCV	8,716	100%	May	2011	Activity completed.
	5.1.6	Organize TOT on TB/HIV collaboration and HCT	KNCV	40,628	50%	Feb	2012	The second batch training has to be planned in the first quarter of 2012. This will allow ILEP to execute the step down training to the state levels.
	5.1.7	Organize 3Is Training for C&T Centers	KNCV	31,014	100%	Nov	2011	The 3Is Training was organized from November 24-25 2011 at the Bayelsa Guest House in Abuja. 23 Participants (16 male / 7 female) from Abia, Nassarawa and Yobe State attended the training. The participants came from the State TBL Control Programme, State HIV/AIDS Control Programme as well as Care and Treatment Centres. The training (developed under the TB CAP project) covered the following subjects: 1) Epidemiology TB 2) Isoniazid Preventive Therapy 3) Intensified TB Casefinding 4) Infection Control. At the end of the training the following points of action were agreed on: 1) NTBLCP: supervision of implementation 3Is, ensuring availability of Isoniazid 2) State Teams: support the facilities in developing infection control plans 3) TB CARE I: support follow up visits to the health facilities for effective implementation
	5.1.8	Adaptation of modules on diagnosis of sputum smear negative TB	WHO	23,318	0%	Mar	2012	A draft of the training modules was developed in December 2011. Activity planned for March 2012
	5.1.9	Organize training on diagnosis of sputum smear negative TB	WHO	38,252	0%	Mar	2012	The first set of training to field test the materials will be in September 2011. Activity planned for March 2012

5.1.10	Training DOTS staff of TB/HIV collaborative activities	KNCV	176,473	 50%	Mar	 2012	A total of 17 DOTS clinic staff (M10; F7) from 11 DOTS clinics from TLMN supported states of Niger and Kwara states were trained from December 12 - 16, 2011. Similarly during the quarter, NLR organized a 5-day TB/HIV training for health workers in Gombe and Yobe state. In all, 42 persons were trained (39M; 3F). The trainings were aimed at building the capacities of the participants on TB/HIV collaborative activities as well as providing appropriate knowledge and skills on TB/HIV co-management services for TB or TB/HIV co-infected persons. Through the training, the participants were also introduced to the recording and reporting format. Training method consisted of pre-workshop exercises for assessments of trainees, powerpoint presentations, self and group study and exercises, role plays and facility tour for practical exposure. At the end of the training workshop: participants were assessed to have significant improvements in knowledge and skills to provide TB/HIV co-
5.1.11	Training of lab staff of AFB microscopy and HIV testing	KNCV	141,876	 50%	Jul	 2011	A 5-day residential training of 14 laboratory staff from 7 selected health facilities in Sokoto and Zamfara States was conducted on August 22 -26, 2011, as a residential 5-day training workshop. A total of 8 Participants from Sokoto (all Males) and 6 persons from Zamfara (5 males and 1 female) attended the training. Similarly, NLR during the quarter trained a total of 36 persons (33M and 3 F) drawn from Bauchi, Katsina, Yobe, Plateau and Gombe states on AFB microscopy. The training was done with participants from Bauchi and Katsina (20th - 25th November) Yobe, Plateau and Gombe states (27th - 2nd December 2011). The objective was to update the skills of the the laboratory staff to provide laboratory AFB microscopy and for HIV rapid testing according to National guidelines. It was also to provide guidance for cross referrals between TB and HIV laboratory service delivery points. The facilitators of the training were drawn from NTBL Training Center, Zaria as well as the state programme laboratory quality assurance officers who had earlier attended a training of trainers (TOT) workshop in the National TB programme training
5.1.12	Training of DOTS staff and LGATBLS on HCT	KNCV	176,473	 50%	Mar	 2012	In another similar manner a total of 17 DOTS clinic staff (M10; F7) from 11 DOTS clinics from Niger and Kwara states received training on December 19 -23, 2011 on HIV counseling and testing (HCT) services for TB or TB/HIV co-infected persons. Additionally, NLR also facilitated training for a total of 54 facility staff (50M and 4 F) from Katsina, Gombe and Yobe states. The training methods include: The objectives of the training was to improve the knowledge of the General Health Care workers on HCT. Pre-workshop exercises for assessments of trainees, powerpoint presentations, self and group study and exercises, role plays and facility tour were undertaken. At the end of the training workshop: participants were assessed to have significant improvements in knowledge and skills to provide HCT services.

	<b>5.1.13</b>	Support QMs of State TB/HIV Working Groups	KNCV	71,331		75%	Mar		2012	GLRA reported 5 quarterly meetings in 5 states of Abia, Ebonyi, Enugu, Imo and Rivers out of 9 that were supported for this activity by TBCARE I. Reasons for the non implementation of the activity by the other states (Akwa Ibom, Ekiti and Ondo) include insufficient funds while Bayelsa reported the lack of time. Similarly 4 meetings were held in TLMN assisted states of Zamfara, Kwara, Niger and Kogi states. During the meetings information was shared on activities implmented with gaps observed, coverage of TB/HIV services and statistical reports. Joint advocacy issues and implementation plans relating to the twin TB and HIV programmes at state level were also discussed. Some of the challenges identified include: the non-screening for TB by some facilities; unharmonized tools by independent partners for reporting are posing a challenge to the workers; poor attitude of health workers at some of the sites; gross shortage of HIV test kits.
	<b>5.1.14</b>	Support TBCARE I pre-implementation workshop for	KNCV	49,070		100%	May		2011	Completed in Q2
	<b>5.1.15</b>	Support participation HIV/AIDS	KNCV	9,216		0%	Mar		2012	The HIV/AIDS Conference in Rome took place before the money was allocated. We will as such decide which conference can be attended instead.

 40%

6. Health Systems Strengthening			Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes						Month	Year	
6.1 Improved infrastructure for service delivery	6.1.1	Renovation of DOTS facilities	KNCV	170,270	<div><div></div></div> 75%	Mar	<div><div></div></div> 2012	GLRA during the quarter renovated a total of 35 health facilities across nine states of: Aka Ibom, Bayelsa, Ebonyi, Enugu, Abia, Ogun, Imo, Rivers and Ondo State. Imo and Ondo State will still get funds for outstanding 3 and 1 facilities respectively to meet the planned target of 45 facilities. NLR also renovated a total of 16 facilities in Adamawa, Plateau, Benue, Bauchi, Taraba, Katsina, Yobe and Gombe states. Renovations are however ongoing in 10 facilities previously reported by TLMN. DFB reported the renovation of one clinic facility in Osun.
	6.2 Enhanced diagnostic services	6.2.1	Support distribution of HIV test kits and	WHO	36,649	<div><div></div></div> 25%	Mar	<div><div></div></div> 2012
6.2.2		Renovation of labs	KNCV	111,081	<div><div></div></div> 75%	Mar	<div><div></div></div> 2012	In line with the funds released, GLRA during the quarter renovated a total of 13 laboratories spread across 9 states earlier in 6.1.1. above.This brings the total laboratories renovated to 15 till date. The 2 outstanding laboratories will be renovated in Q1, 2012 once funds are received. TLMN commenced the renovation of 5 laboratories during the quarter. NLR during the quarter also renovated 11 laboratories spread across 8 states (Adamawa, Plateau, Benue, Bauchi, Taraba, Katsina, Yobe and Gombe). One laboratory was also renovated by DFB during the quarter.
6.2.3		Purchase of Cycloserine	KNCV	5,740	<div><div></div></div> 100%	Jun	<div><div></div></div> 2011	This activity leverages funding from activity 4.2.11 in the OP workplan.
					<div><div></div></div> 69%			

 69%

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Month	Year	Cumulative Progress and Deliverables up-to-date
7.1 Improved quality of TB/HIV data	7.1.1	Stakeholders meeting to develop data collection system NASCP	KNCV	8,716	<div><div></div></div> 0%	Mar	<div><div></div></div> 2012	This activity as well as the next activity need to be streamlined with the WHO Proposal for NASCP Strengthening (\$900,000).
	7.1.2	Training SAPC/SACA/LAPC/ LACA on data collection in 4 states	KNCV	113,297	<div><div></div></div> 0%	Mar	<div><div></div></div> 2012	See 7.1.1
	7.1.3	Procure laptop TB/HIV FP NASCP	KNCV	1,351	<div><div></div></div> 100%	Apr	<div><div></div></div> 2011	A laptop was procured for the NASCP Focal Person within the FMOH.
	7.1.4	Review and produce TB/HIV referral formats	WHO	12,629	<div><div></div></div> 50%	Feb	<div><div></div></div> 2012	Draft copies of the TB/HIV referral formats produced. The draft copies will be finalized in the first quarter of 2012.
	7.1.5	Joint supervision state TB/HIV Task Teams	KNCV	6,357	<div><div></div></div> 50%	Mar	<div><div></div></div> 2012	GLRA reported 6 joint supervisory visits by the HIV Task Teams during the quarter. TBCARE I does not provide funding for this activity but is leveraged from the Global fund. Reports of the visits conducted are also reported to Global fund.
	7.1.6	QMs State TB/HIV Task Teams	KNCV	4,995	<div><div></div></div> 0%	Mar	<div><div></div></div> 2012	Ongoing activity.
	7.1.7	Supervision MAs to States	KNCV	112,378	<div><div></div></div> 75%	Mar	<div><div></div></div> 2012	14 Supportive supervisory visits were conducted by GLRA MA and M&Es in Q4 2011 GLRA supported states. NLR also conducted 6 supportive supervisions during the quarter whilst DFB conducted 2 (both MA and M&E). These visits were to follow up on the training workshops done for the DOTS Providers on TB DOTS/TB-HIV collaborative activities as well as on HCT. While most of the facilities visited had evidence of good programme documentation including TB-HIV activities and NTBLCP job-aids are available and adequate in most of the facilities visited; HIV-test kit/commodity (R&R materials) security is still an issue in most facilities across the state. NLR however reported improvement in TB/HIV collaboration in all the states visited particularly Plateau, Adamawa and Gombe. GLRA noted that most of the facilities visited do not have infection prevention and control plans. Other key findings include: 1. The planned renovation of TB CARE I-supported facilities was yet to be seen in some of the visited facilities, e.g. PHC Obada, Ogun State which had its roof gradually caving in and could collapse at any moment if nothing was done urgently 2. There is acute shortage of HIV Test Kits in all the facilities visited, and that hampered collaborative activities in those centres 3. High defaulter rate in some supported facilities e.g. St. Luke's Hospital, Anua Uyo, Akwa Ibom State.
	7.1.8	Supervision States to LGATBLS	KNCV	80,027	<div><div></div></div> 75%	Jul	<div><div></div></div> 2011	30 supervisory visits were conducted by states to the LGTBLS in all the 10 GLRA/ TBCARE I-supported states of Enugu, Abia, Ebonyi, Imo, Akwa Ibom, Bayelsa, Rivers, Ekiti, Ondo and Ogun. NLR in addition reported a total of 33 visits by state team to the LGA and facilities during the quarter. The objective of the visits were : To ensure an efficient and effective implementation of TB/HIV collaborative activities in accordance with the stipulated National guidelines and to validate TBLS supervisory activities in those LGAs. Key activities undertaken during the visit include mentoring of GHWs on reporting and recording formats especially on TB/HIV section; Distribution of materials such as the Clinic suspect register and treatment cards were given to some of the facilities. Best practices observed during the visit include a better filling of patients record cards and clinic suspect register in all the facilities visited was reported by Adamawa, Gombe and Taraba. There was improvement in placing patients with co-infection on CPT in Gombe and Adamawa. Challenges identified include; absence of Septrin and HIV test kits were affecting TB/HIV Collaboration in

7.1.9	Supervision LGATBLS to facilities	KNCV	13,622	75%	Mar	2012	Similarly a total of 120 visits were conducted across the GLRA supported states by the LGTBLS to the various facilities and a total of 85 visits by the NLR supported states. The purpose of the visits are as those of the states to the LGA and to ensure the complete and accurate dicumenation of data. Patient default was seen as a challenge in some health facilities in Yobe, Plateau and Adamawa.
7.1.10	Supervision State QA officer to microscopic centers	KNCV	116,919	75%	Mar	2012	This activity was carried out across the 10 supported states as previously mentioned. A review of the reports received from the states indicates: adequate stock of laboratory reagent and consumables; the existence and use of flourescent microscopy alongside Ziehl Neelsen staining for sputum smear microscopy. This had given a better result outcome for better management of patients. However, some clinicians in some facilities were not using the NTBLCP laboratory request form but the hospital form which does not contain necessary information e.g. address and sometimes age. In the NLR states, a total of 27 visits were conducted. A major fall out of the visit showed, poor slide storage in Katsina, Adamawa and Nasarawa states. Some laboratories in Nasarawa and Benue states have no trained staffs.
7.1.11	Procure desktop/printer for Central Office of TB Network	KNCV	1,351	100%	Jul	2011	A desktop/printer was procured for the TB Network and installed in the TB CARE I Office in order to allow the TB Network to work whenever they are attending meetings of the National TBL Control Programme or the Global Fund.
				55%			

## Quarterly Activity Plan Modifications - COP

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
27.04.2011	27.04.2011	29.04.2011	Staffing and Operations	Purchase Mitsubishi Pajero	KNCV	5,742	6.2.3	Purchase Cycloserine (see OP 4.	KNCV	5,742

\* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Activities from the Work Plan	Lead Partner	Remaining Budget
Mission	PMU	USAID				
				{Copy from the work plan}		

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	1. Universal and Early Proposed New Activities	Lead Partner	Proposed Budget*
Mission	PMU	USAID				

\* Detailed budget is attached